ebtor 1 Maria A. G	onzalez		-
ebtor 2 pouse, if filing)			-
nited States Bankruptcy Court for t	ne: EASTERN DISTRICT	OF PENNSYLVANIA	_
ase number 17-17500			Check if this is:
known)		_	An amended filing
			A supplement showing postpetition chapted 13 income as of the following date:
Official Form 106I			MM / DD/ YYYY
Schedule I: Your In	nome		12
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If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
 Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

2. \$ 0.00 \$ 0.00
3. +\$ 0.00 +\$ 0.00
4. \$ 0.00 \$ 0.00

For Debtor 2 or

For Debtor 1

Official Form 106I Schedule I: Your Income page 1

Deb	otor 1	Maria A. Gonzalez	_	Case	number (if known)	17-1750	0	
				For	Debtor 1		otor 2 or	
	Cop	by line 4 here	4.	\$	0.00	\$	0.00	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	0.00	
	5e. 5f.	Insurance	5e. 5f.	\$_ \$	0.00	\$ \$	0.00	
	5g.	Domestic support obligations Union dues	51. 5g.	\$ \$	0.00	\$	0.00	
	5h.	Other deductions. Specify:	5h.+	· -	0.00	· ·	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	0.00	
8.	List 8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	90	¢	400.00	¢	0.00	
	8b.	monthly net income. Interest and dividends	8a. 8b.	\$_ \$	400.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		\$_ \$	672.00	\$ \$	0.00	
	8d.	Unemployment compensation	8d.	\$ -	0.00	\$	0.00	
	8e.	Social Security	8e.	\$_	775.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Cash Assistance	e 8f.	\$_	600.00	\$	0.00	
		Food Stamps		\$	481.00	\$	0.00	
	8g.	Pension or retirement income	 8g.	\$_	0.00	\$	0.00	
	8h.	Other monthly income. Specify: Contribution from Son	8h.+	\$		+ \$	0.00	
			_	\$	550.00	\$	0.00	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	4,028.00	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		4,028.00 + \$_	0.	= \$	4,028.00
11.	Inclionation of the other of th	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depen		. ,	ed in <i>Sche</i>	edule J. 11. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain lies				i, if it	·	4,028.00
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?				Combine monthly	
	1.1	Yes, Explain:						